

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

COVER PAGE - LONG FORM

FILE

Date Stamp

JAN 23 2006

CALIFORNIA
FORM 460

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A For Official Use Only

Statement covers period

from 07/01/2005

through 12/31/2005

Date of Election if applicable:

(Month, Day, Year)

06/06/2006

REGISTRAR OF VOTERS

By *W. Sanchez* Deputy

COPY

1. Type of Recipient Committee:

- ☒ Officeholder, Candidate Controlled Committee ☐ Ballot Measure Committee
- ☐ State Candidate Election Committee ☐ Primarily Formed
- ☐ Recall ☐ Controlled
- ☐ Sponsored
- ☐ General Purpose Committee
- ☐ Sponsored
- ☐ Small Contributor Committee
- ☐ Political Party/Central Committee
- ☐ Primarily Formed Candidate Officeholder Committee

2. Type of Statement:

- ☐ Pre-election Statement
- ☒ Semi-annual Statement
- ☐ Termination Statement
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

1234010

COMMITTEE NAME

Committee to Re-Elect Bill Habermehl

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Barrett Garcia

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-10-06

DATE

Executed on 1-18-06

DATE

Executed on

DATE

Executed on

DATE

By

By

By

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee
Campaign Statement
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COVER PAGE - PART 2

CALIFORNIA
FORM 460

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5. Officeholder or Candidate Controlled Committee 6. Ballot Measure Committee

NAME OF OFFICEHOLDER OR CANDIDATE

William M. Habermehl

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Other, District n/a, Orange County

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Campaign Disclosure Statement Summary Page

Statement covers period from <u>07/01/2005</u> through <u>12/31/2005</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>8</u>	I.D. NUMBER <u>1234010</u>

NAME OF FILER William M. Habermehl, Committee to Re-Elect Bill Habermehl

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>1,500.00</u>	\$ <u>12,000.00</u>
2. Loans Received Schedule B, Line 7	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>1,500.00</u>	\$ <u>12,000.00</u>
4. Non-monetary Contributions Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>1,500.00</u>	\$ <u>12,000.00</u>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>0</u>	<u>0</u>
21. Expenditures Made	\$ <u>0</u>	<u>0</u>

Expenditures Made

6. Cash Payments Schedule E, Line 4	\$ <u>2,261.39</u>	\$ <u>6,195.43</u>
7. Loans Made Schedule H, Line 7	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>2,261.39</u>	\$ <u>6,195.43</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>2,261.39</u>	\$ <u>6,195.43</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditure Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>56,054.34</u>
13. Cash Receipts Column A, Line 3 above	<u>1,500.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>790.91</u>
15. Cash Payments Column A, Line 8 above	<u>2,261.39</u>
16. ENDING CASH BALANCE Lines 12 + 13 + 14, then subtract Line 15	\$ <u>56,083.86</u>

If this is a Termination Statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ <u>0.00</u>

Schedule A
Monetary Contributions Received

Statement covers period		CALIFORNIA FORM 460
from <u>07/01/2005</u>	through <u>12/31/2005</u>	
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NAME OF FILER William M. Habermehl, Committed to Re-Elect Bill Habermehl

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
07/25/2005	Conexant Systems, Inc. [REDACTED ADDRESS]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	1,500.00 (P06)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				1,500.00		

Monetary Contributions Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1,500.00
- Amount received this period - contributions of less than \$100.
(Do not itemize.) \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,500.00

**Schedule E
Payments Made**

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2005	
through	12/31/2005	Page 5 of 8
NAME OF FILER William M. Habermehl, Committee to Re-Elect Bill Habermehl		I.D. NUMBER 1234010

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Penny Dunseth [REDACTED] [REDACTED]	PRO			326.57
Barrett Garcia [REDACTED] [REDACTED]	PRO			995.00
Kenny the Printer [REDACTED] [REDACTED]	PRT			137.68

SUBTOTAL \$ 1,459.25

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 2,102.46
2. Unitemized payments made this period of under \$100.	\$ 158.93
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL	\$ 2,261.39

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>07/01/2005</u>	through <u>12/31/2005</u>	
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NAME OF FILER William M. Habermehl, Committee to Re-Elect Bill Habermehl

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
Ryan P Winchell [REDACTED]	WEB		215.00
Verizon Wireless [REDACTED]	OFC		428.21

SUBTOTAL \$ 643.21

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of an Officeholder or Candidate)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2005	
through	12/31/2005	Page 7 of 8
NAME OF FILER William M. Habermehl, Committee to Re-Elect Bill Habermehl		I.D. NUMBER 1234010

NAME OF AGENT OR INDEPENDENT CONTRACTOR:

Orange County Teachers FCU

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Staples [REDACTED] [REDACTED]	OFC			47.27
Mimi's Cafe [REDACTED] [REDACTED]	OFC			33.40

SUBTOTAL \$ 80.67

Schedule I
Miscellaneous Increases to Cash

Statement covers period		CALIFORNIA FORM 460
from	07/01/2005	
through	12/31/2005	
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		1234010

NAME OF FILER William M. Habermehl, Committee to Re-Elect Bill Habermehl

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
07/31/2005	Orange County Teachers FCU	Dividend income	4.05
08/31/2005	[REDACTED]	Dividend	4.17
09/30/2005	[REDACTED]	Dividend	3.97
10/31/2005		Dividend	5.83
11/30/2005		Dividend	5.59
12/31/2005	Orange County Teachers FCU (Cont.)	Dividend	5.76
12/31/2005		Interest earned on Passbook/CD Account	761.54

SUBTOTAL \$ 790.91

Miscellaneous Increases to Cash Summary

- Increases to cash of \$100 or more this period. \$ 790.91
- Increases to cash under \$100 this period.
(Do not itemize.) \$ 0.00
- Total of all interest received this period on loans made to others.
(Schedule H, Part II (b).) \$ 0.00
- Total miscellaneous increases to cash this period.
(Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.) **TOTAL \$ 790.91**